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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate Candidate Name: **Sarah N Coats**
Address: **1110 N School St**
Address2:
City: **Auburn** Zip: **66402**
Home Phone: **(785) 438-7945** Business Phone: Cell Phone:
County: **Shawnee** Email Address: **sarahcoats4ks@gmail.com**
Office Sought: **State Representative** District No.: **54**

Treasurer Date Appointed: **11/14/2017**
Treasurer Name: **Benjamin Cohen**
Address: **1900 SW Randolph Ave**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: **(785) 554-3458** Business Phone: Cell Phone:
Email Address: **bdcohen87@gmail.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:
Date: **5/5/2018 5:01:50 PM** Signature of Candidate: **Sarah Coats**

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Candidate Candidate Name: **Sarah N Coats**
Address: **1110 N School St**
Address2:
City: **Auburn** Zip: **66402**
Home Phone: **(785) 438-7945** Business Phone: Cell Phone:
County: **Shawnee** Email Address: **sarahcoats4ks@gmail.com**
Office Sought: **State Representative** District No.: **54**

Treasurer Date Appointed: **11/14/2017**
Treasurer Name: **Benjamin Daniel**
Address: **1900 SW Randolph**
Address2:
City: **Topeka** State: **KS** Zip: **66604**
Home Telephone: **(785) 554-3458** Business Phone: Cell Phone:
Email Address: **coatstreasurer@gmail.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

Email Address:

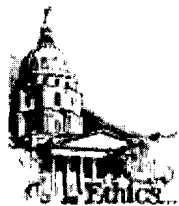
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **11/14/2017 9:12:14 PM** Signature of Candidate: **Sarah Coats**

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Candidate Candidate Name: **Sarah Coats**
Address: **1101 N School St**
Address2:
City: **Auburn** Zip: **66402**
Home Phone: Business Phone: **(785) 422-6285** Cell Phone:
County: **Shawnee** Email Address: **sarahcoats4ks@gmail.com**
Office Sought: **State Representative** District No.: **54**

Treasurer Date Appointed: **07/11/2017**
Treasurer Name: **Diana Remigio**
Address: **3801 Clinton Pkwy**
Address2: **H3**
City: **Lawrence** State: **KS** Zip: **66047**
Home Telephone: Business Phone: **(785) 422-6285** Cell Phone:
Email Address: **coatstreasurer@gmail.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **7/11/2017 1:52:46 PM** Signature of Candidate: **Sarah Coats**

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